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CONFIRMATION NO. 7212

<b>SERIAL NUMBER</b> 08/816,615	<b>FILING OR 371(c) DATE</b> 03/13/1997 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 1876(203-183)
<b>APPLICANTS</b> SCOTT E. MANZO, SHELTON, CT; PETER W. J. HINCHLIFFE, NEW HAVEN, CT; KEVIN SNIFFIN, DANBURY, CT;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/01/1997</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 25
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> UNITED STATES SURGICAL A DIVISION OF TYCO HEALTHCARE GROUP, LP 150 GLOVER AVENUE NORWALK, CT06856				
<b>TITLE</b> GRAFT ATTACHMENT ASSEMBLY				
<b>FILING FEE RECEIVED</b> 1436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	